

PART B - FEE(S) TRANSMITTAL

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7590 09/17/2003

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/330,593	06/11/1999	DANIEL R. POLONENKO	41615-A	9617

TITLE OF INVENTION: PROCESS FOR EX VITRO SOWING AND GERMINATION OF PLANT SOMATIC EMBRYOS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	12/17/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
GRUNBERG, ANNE MARIE	1661	435-110000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____
2. _____
3. _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

CELLFOR, INC.

Vancouver, British Columbia, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee
 Advance Order - # of Copies _____

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(Authorized Signature)

(Date)

Dec 8, 2003

12/11/2003 AHONDAF2 00000073 09330593

01 FC:2501

665.00 OP

02 FC:1504

300.00 OP

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